

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3							53						
4	1	1					54						
5							55						
6		1					56						
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46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2		↓		↓		TOTAL IND.		↓				
TOTAL DEP.	4	←		←		←	TOTAL DEP.	←		←		←	
TOTAL CLAIMS	6						TOTAL CLAIMS						